

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

(ADDRESSEE)

[ ]

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Fair Market Value ..... \$ \_\_\_\_\_  
Amount Received ..... - \_\_\_\_\_  
**(A) Transfer of Property Amount** ..... = \_\_\_\_\_

Family Needs  
Basic Need for \_\_\_\_\_ Persons ..... \$ \_\_\_\_\_  
Special Needs ..... + \_\_\_\_\_  
**(B) Family Needs** ..... = \_\_\_\_\_

Optional Person(s) Needs  
Basic Need for \_\_\_\_\_ Persons ..... \$ \_\_\_\_\_  
Special Needs ..... + \_\_\_\_\_  
**(C) Optional Person(s) Needs** ..... = \_\_\_\_\_

Differential  
Family Needs ..... \_\_\_\_\_  
Optional Person(s) Needs ..... - \_\_\_\_\_  
**(D) Differential** ..... = \_\_\_\_\_

☐ Ineligibility for Optional Persons  
Your transfer of property amount **(A)**  
minus the differential **(D)**  
divided by the optional person(s) needs **(C)**  
equals the number of ineligible months: ... \_\_\_\_\_  
(# OF MONTHS)

**Rules:** These rules apply; you may review them at your Welfare Office: MPP